FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

3194725115

File with: Iowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, lowa 50319 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, ell statements and reports filed by all committees for state office must be filed

electronically,
Effective May 1, 2010, all statements and reports for State PACs and State

PERSON ! OCT 1 9 2010

COMMITTEE NAME (Must be same as on Statement of Organization)				Mary Sandard S	
Sanders for Supervisor	ΙF	FORM			
IMPORTANT: Indicate by # type of committee you are reporting for (1) Statewide/Legislative/Judge Standing for Retartion Candidate (4) County Central Committee (5) County Cendidate (8) City Cal Subdivision Candidate (8) County PAC (9) City PAC (10) School 11) Local Ballot Issue	, E	DR-2 Rev. 12/2009) or Office Use On	_		
CANDIDATE COMMITTEES ONLY: Candidate Name Jason D. Sanders	Political Party (if applicable) Republican District (if Senate or House)		ogged In canned omputer		
Office Sought County Supervisor			Audited		
ate reports are subject to possible civil and criminal penalties. Francidate's committee, and the chairperson, for any other type of the chairperson are subject to possible civil and criminal penalties.	Pursuant to lowa Code sections 68B.32A(if committee, is the individual responsible	7) and 68/ for filing ti	A.401(3), the car mely and accura	ididate, for a te reports.	
Thereasa Mooke	39-929-3576 TELEPHONE		10/19/1	٥	
SIGNATURE OF PERSON FILING REPORT	TELEPHONE		DATE S		
AM FILING A July 15th thru Oct 14th 2010	REPORT FOR (1) ELECTION	/(Z)NON-	ELECTION YE	AR.	
(report date)	Indicate by #	- Personal			
CHECK IF AMENOMENT TO REPORT DATED		Local Com	mittees, onter Da	e of Election	
☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. (You must continue to file reports until a DR-3 is filed.)			unty & Local Committees, enter County in ch Election is held		
STATEMENT OF CASH ON HAI	ND			•	
CASH ON HAND at the beginning of the reporting period. (" committee. This amount MUST be the same as the of the last reporting period or must be zero if this is	e cash on hand at the end	\$	10.12		
ADD TOTAL MONEY TAKEN IN THIS PERIOD					
Schedule A: Cash Contributions total (Attach Scho	edule A) (*also see in-kind below)	11	700.00		
Schedule F: Loans Received total (Attach Schedu	ile F)		0.00		
Schedule H: Total Sales of Campaign Property (A	ttach Schedule H)		0.00		
(Schedule H applies to Candidates' Con	mmittees Only) SUB-TOTAL	\$	710.12		
SUBTRACT TOTAL MONEY SPENT THIS PERIO	DD .				
Schedule B: Expenditures total (Attach Schedule I	B) (**also see debts and loans below)		693.95		
Schedule F: Loan Repayments total (Attach Schedule	dule F)	•••••	0.00		
CASH ON HAND at the end of this reporting period (if final r	eport belance must be zero)	\$	16.17		
*UNPAID BILLS (From Schedule D - Attach Schedule D)		\$	1,339.92		
IN KIND CONTRIBUTIONS (From Schedule E - Attach Sch	nedule E)	\$	0.00		
OUTSTANDING LOANS (From Schedule F - Attach Sche	dule F)	s	_200.00		
CONSULTANT BREAKDOWN (Schedule G Attached?)	•	_	YES	NO	
CANDIDATE COMMITTEES ONLY: VALUE OF CAMPAIGN PROPERTY (From Schedule H - A	ttach Schedule H)	\$	0.00		
STATE COMMITTEES: Submit a reconciled campaign acco	• •	з уваг.			

-20+44

MONETARY

SCHEDULE

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

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(Including candidate's personal funds)		(Rev. 07/03)	RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)]		CK THIS BOX IF
Sanders for Supervisor		MINIE	ADING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION DISCLOSURE BOARD.

1. IS THE PAC IDENTIFICATION DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
7-15-10	ID# CK#	Dean & Tracey Franzenburg 7213 15th Ave Keystone, IA		\$25.00	INCOME
7-15-10	ID# CK#	Mike & Carolyn Hibbs 1416 B Ave Vinton, IA		100.00	
7-15-10	ID#	Loras Schulte 305 Apache Drive Norway, IA		25.00	
7-15-10	ID# CK#	J. Adams 6060 31st Ave Vinton, IA		50.00	
9-21-10	ID# CK#	Benton County Republicans		500.00	
	ID#				
	CK#				
	ID#				
	Ск#				
	ìD#				
	CK#				
	ID#				
	CK#				
	ID#				·
	CK#				
			SUB-TOTAL	\$ 700.00	
	author andidastu-	TOTAL (if last pag	e of this schedule)	\$ 700.00	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If sumame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1 (for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)
Sanders for Supervisor

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.



SCHEDULE D INCURRED INDEBTEDNESS CHECK THIS BOX IF AMENDING FORM

DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD (DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period., regardless of whether an involce

DATE		has be	en received.
INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
9-19-02	Jason D. Sanders 6120 30th Ave Dr Vinton, IA 52349	Menard' (sign material)	321.11
9-20-02	Jason D. Sanders 6120 30th Ave Dr Vinton, IA 52349	Ovation Interactive (theatre ad)	377.55
9-16-02	Jason D. Sanders 6120 30th Ave Dr Vinton, IA 52349	Office Max (envelopes and mailing labels)	49.46
9-19-02	Jason D. Sanders 6120 30th Ave Dr Vinton, IA 52349	Office Max (envelopes)	39.92
9-26-02	Jason D. Sanders 6120 30th Ave Dr Vinton, IA 52349	Ideal Industries, Inc. (steel for yard signs)	91.38
7-17-06	Jason D. Sanders 6120 30th Ave Dr Vinton, IA 52349	America's Campaign Store (advertising literature)	384.50
8-25-10	Jason D. Sanders 6120 30th Ave Dr Vinton, IA 52349	Sams Club-parade candy	73.00
		\$UB-TOTAL	I *
			1,336.92
	TOTAL DEBTS OWED BY COMMITTEE A	at the end of this reporting period	\$ 1,336.92

"If actual figure is unknown, show "estimated" beside the figure.

Page 1 of 1 (for Schedule D)

CANDIDATE COMMITTEES NOTE:

"Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule C the nature of performance and the estimated performance reasonably expected of the consultant.

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R INSTRUCTIONS, SE	E BACK OF FORM		SCHEDULE	Τ
MITTEE NAME(MUS	t be same as on Statement of Organization)	3	F	LO.
ders for Supervisor	r		(Rev. 02/08)	REC & RE
	orts money loaned to the committee which is deposited in FROM LAST REPORTING PERIOD \$	the committee account,	CHECK	HIS E
TI - MONETARY LO (Original source	DANS RECEIVED THIS REPORTING PERIOD of loan, such as a bank, must be shown if a third party is	involved. Include loans from candid	late's personal fu	ınds.)
DATE	NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	AMOUNT	FLÖA
RECEIVED (MM/DD/YR)	(Include Endorser's Name, If Applicable)	CANDIDATE (If Applicable*)	· LOT
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1				
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		TOTAL (PART I)	s 0.00	
RT II - MONETARY I (Loens forgive)	OAN REPAYMENTS MADE <u>THIS</u> REPORTING PERIOR	D		
	n must be reported on Schedule E - In-kind Contributions NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	AMOUNT F	EPAIC
	n must be reported on Schedule E – In-kind Contributions			EPAIC
	n must be reported on Schedule E - In-kind Contributions NAME AND ADDRESS OF LENDER	RELATIONSHIP TO)	EPAIC
	n must be reported on Schedule E - In-kind Contributions NAME AND ADDRESS OF LENDER	RELATIONSHIP TO)	EPAIC
	n must be reported on Schedule E - In-kind Contributions NAME AND ADDRESS OF LENDER	RELATIONSHIP TO)	EPAIC
	n must be reported on Schedule E - In-kind Contributions NAME AND ADDRESS OF LENDER	RELATIONSHIP TO)	REPAID
	n must be reported on Schedule E - In-kind Contributions NAME AND ADDRESS OF LENDER	RELATIONSHIP TO)	REPAIC
	n must be reported on Schedule E - In-kind Contributions NAME AND ADDRESS OF LENDER	RELATIONSHIP TO		EPAIC
	n must be reported on Schedule E - In-kind Contributions NAME AND ADDRESS OF LENDER	RELATIONSHIP TO		EPAIC
	n must be reported on Schedule E - In-kind Contributions NAME AND ADDRESS OF LENDER	RELATIONSHIP TO		EPAIC
	n must be reported on Schedule E - In-kind Contributions NAME AND ADDRESS OF LENDER	RELATIONSHIP TO		REPAIL
	n must be reported on Schedule E - In-kind Contributions NAME AND ADDRESS OF LENDER	RELATIONSHIP TO		EPAIC
	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE" (If Applicable)	\$	EPAIC
	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE" (If Applicable)	\$ 0.00	EPAID
DATÉ PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE" (If Applicable)	\$	EPAID

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Page 1 of 1 (for Schedule F)